

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5	
1. CONTRACT PURCH ORDER/AGREEMENT NO. W52H09-04-P-0404			2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD) 2004MAY28		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA5		
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CSC-A REGINA GONZALES (309)782-0140 ROCK ISLAND IL 61299-7630 EMAIL: GONZALESR@RIA.ARMY.MIL			CODE W52H09		7. ADMINISTERED BY (If other than 6) DCMA INDIANAPOLIS EMMETT J BEAN CENTER 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-5701			CODE S1501A		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR NAME AND ADDRESS NMC INC 8161 E MONROE ST DUGGER, IN. 47848-8045			CODE 0CF78		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
TYPE BUSINESS: Other Small Business Performing in U.S.							12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15	
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266			CODE HQ0337		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.							
PURCHASE		X		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation W52H0904T0264, Dated _____, furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA CEAN L HARTLEBEN /SIGNED/ HARTLEBENC@RIA.ARMY.MIL (309)782-3429 BY: CONTRACTING/ORDERING OFFICER					25. TOTAL \$4,122.50	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN W52H09-04-P-0404 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: NMC INC		

SUPPLEMENTAL INFORMATION

- 1. THIS AWARD WILL RESULT IN THE PURCHASE OF 250 EACH FEED SLIDE ADJUSTMENT TOOL, NSN: 1010-01-508-5551.
- 2. THIS CONTRACT CONTAINS A 200% OPTION.
- 3. SUBMITTAL OF A PHOSPHATE COATING PROCEDURE FOR APPROVAL IS REQUIRED 60 DAYS AFTER RECEIPT OF ORDER.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: NMC INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 1010-01-508-5551 FSCM: 19200 PART NR: 13005724 SECURITY CLASS: Unclassified				
0001	CHANGED TO READ: NSN: 1010-01-508-1551 FSCM: 19200 PART NR: 13005724 (End of narrative B001)				
0001AA	<u>PRODUCTION QUANTITY</u> NOUN: SLIDE PRON: M141S194M1 PRON AMD: 03 ACRN: AA AMS CD: 07001163633 <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H093302A150 W25G1U J 3 <u>DEL REL CD QUANTITY DEL DATE</u> 001 250 25-OCT-2004 FOB POINT: Destination SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001 <u>CONTRACT/DELIVERY ORDER NUMBER</u> W52H09-04-P-0404/0000	250	EA	\$ 16.49000	\$ 4,122.50
0002	<u>CONTRACT DATA REQUIREMENTS LIST (CDRL)</u> SECURITY CLASS: Unclassified			\$ ** NSP **	\$ ** NSP **

Name of Offeror or Contractor: NMC INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p>Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A. It is required that data items be delivered using electronic media. Refer to the DD Form 1423 for more specific electronic delivery information</p> <p>A DD 250 IS NOT REQUIRED FOR THIS CLIN ONLY.</p> <p>(End of narrative B002)</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Destination</p>				

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CONTRACT ADMINISTRATION DATA

PRON/		OBLG		JOB		ACCOUNTING		OBLIGATED
LINE	AMS CD/			ORDER		STATION		AMOUNT
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>NUMBER</u>		
0001AA	M141S194M1	AA	2	97	X4930AC6G 6D	26FB	S11116	4,122.50
	07001163633							
						TOTAL	\$	4,122.50

SERVICE		OBLG		ACCOUNTING		OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>			<u>STATION</u>		<u>AMOUNT</u>
Army	AA	97	X4930AC6G 6D	26FB	S11116	4,122.50
						TOTAL \$ 4,122.50